SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to: Michael Maloney, Plant Manager	If YES, erter delivery address below: No
Sinton Dairy Foods Company, LLC 3801 Sinton Road Colorado Springs, CO	Service Type ACCEPTIFIED Mall Registered Registered Registered Registered
N SEP 19 2014	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 3230 0003	0726 0351 CAFO
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